

# INITIAL EDUCATION VOUCHER APPLICATION

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit  
1535 W. Jefferson, Bin #24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

**THE RESIDENTIAL TREATMENT CENTER (RTC) IS RESPONSIBLE FOR COMPLETING SECTIONS 1 AND 2 UPON STUDENT ENTRY AND FORWARDING IT TO THE SPECIAL EDUCATION DIRECTOR OF THE HOME SCHOOL DISTRICT (HSD) WITHIN 5 DAYS OF FACILITY ENTRY DATE.**

## SECTION 1

STUDENT NAME: _____ First _____ Last _____	DOB: _____
LAST SCHOOL ATTENDED: _____ GRADE: ____	SAIS NUMBER: _____
PARENT NAME: _____	PHONE: _____
ADDRESS: _____ Street _____ City _____, AZ _____ Zip Code _____	
FACILITY: _____	ENTRY DATE: _____
ADDRESS: _____ Street _____ City _____, AZ _____ Zip Code _____	FAX: _____
RTC VOUCHER CONTACT: _____	PHONE: _____
RTC EDUCATION CONTACT: _____	PHONE: _____

## SECTION 2

STATE PLACING AGENCY: (SELECT ONE)

<input type="checkbox"/> AOC: _____	<input type="checkbox"/> JCC or <input type="checkbox"/> ADP	<input type="checkbox"/> DHS/ _____
<input type="checkbox"/> ADJC		<input type="checkbox"/> GILA RIVER RBHA
<input type="checkbox"/> DES/DDD: _____		<input type="checkbox"/> PASCUA YAQUI RBHA
<input type="checkbox"/> DES/ACYF: _____		<input type="checkbox"/> NAVAJO RBHA

SPA CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

**THE HOME SCHOOL DISTRICT IS RESPONSIBLE FOR COMPLETING SECTION 3 AND SUBMITTING FORM TO ADE WITHIN 10 DAYS OF FACILITY ENTRY DATE.**

## SECTION 3

HOME SCHOOL DISTRICT: _____	PHONE: _____
STUDENT ELIGIBLE FOR SPECIAL EDUCATION: <input type="checkbox"/> NO <input type="checkbox"/> YES →	DISABILITY: _____
_____ <i>Signature of Special Education Director or Representative</i>	_____ <i>Date</i>

Home School District means the school district in which the person who has legal custody of the student resides or the charter school if charter school was last school of enrollment. If the student is a ward of the state and a specific person does not have legal custody of the student, the Home School District is the district that the student last attended or, if the student has not previously attended a public school in this state, the school district within which the student currently resides. Reference: ARS 15-761(10)

NOTE: Pursuant to ARS 15-1182, this voucher application can only be approved for a period of 60 calendar days. Prior to expiration of the 60 calendar days, the Home School District must submit a HSD Education Voucher Application or an Extension of Education Voucher Application to the Arizona Department of Education / Exceptional Student Services.